

**INTERAGENCY COORDINATING COUNCIL
COMMITTEE MEETING NOTES**

COMMITTEE: Integrated Services and Health Systems (ISH)

RECORDER: Annette Ostertag for Pete Guerrero **DATE:** May 19, 2005

COMMITTEE MEMBERS

CHAIRPERSONS: Arleen Downing and Gretchen Hester
DDS LIAISON: Ken Freedlander, Eileen McCauley and Sam Yang
CDE LIAISON: Nancy Sager

MEMBERS PRESENT: Arleen Downing, Gretchen Hester, Bev Ching, Ken Freedlander, Eileen McCauley, Robin Millar, Peter Michael Miller, Hallie Morrow, Nancy Sager and Kat Lowrance,

MEMBERS ABSENT: Jean Brunelli, Sylvia Carlisle, Toni Gonzales, Sandy Harvey, Dwight Lee, Mara McGrath, Ivette Pena, Sam Yang, Ed Gold

GUESTS: Tricia Chambers (CSHA), Robert Powell (CSHA), Wendy Longwell (RFENC), Nancy Eddy (PAP) and, Rick Ingraham

AGENDA

SUMMARY OF IMPORTANT POINTS AND ACTIONS CONSIDERED:

1. INTRODUCTION/AGENDA REVIEW: Arlene and Gretchen convened the meeting at 1:45 PM. All members present introduced themselves and their affiliations. Bev Ching, with Inland Regional Center, was officially welcomed as a new member to the committee.
2. The agenda was reviewed with no new additions.
3. REVIEW AND APPROVAL OF MINUTES: ISH February 2005 minutes were reviewed and approved with one change to Recommendation Two, on page 193 of the packet, 5th bulleted paragraph, second sentence: the word "accomplishing" should read "doing".
4. CHAIRS REPORT: It had become apparent that the detailed information provided in the *Priority Recommendations for Outcomes, Action Plan and Data Sources* (Interagency Collaboration) chart on pages 195 - 201 had not been translated to the *ICC Priorities, Outcomes and Recommendations* chart (Version Date: April 7, 2005) on pages 124 – 126 in the packet. During the editing process some of the specifics had been left out.

Arleen distributed the “Health Minds: Nurturing Your Child’s Development” fact sheets (in English and Spanish) for ages 2 months – 36 months.

5. COMMITTEE TASKS: The ISH Committee was asked by the ICC Executive Committee this morning to focus on specifics while refining the recommendations on Interagency Collaboration. All recommendations need to be finalized and submitted to DDS by Wednesday, May 25 in time for the ICC Executive meeting on June 8, 2005.
6. WORK GROUPS: The ISH workgroups agreed to work together to reiterate specifics that should be included in the measurable outcomes and recommendations.

Measurable Outcome:

Box 1: Demonstrated collaboration between the RC/LEAs and all other health care systems (HMOS, Private Health Care Provider (PHCP), & Medical).

Box 2: Deleted and included as part of recommendation **IC 4**

Box 3 – The Primary Health Care Provider (PHCP) should be notified of upcoming IFSP meetings.

OUTCOME#1

Demonstrated collaboration between local RC/LEA and all participating agencies, to including but not limited to CCS, Health Dept, Medical and Primary Health Care Provider (PHCP) including Mental health, CPS-SS and A&D **need to spell out all acronyms here**

OUTCOME #2

Demonstrate that the PHCP is involved in development & implementation of IFSPs.

- RC/LEA shall identified a person to serve as general liaison with local PHCP
- PHCP invited to attend/contribute to IFSP
- IFSP identifies PHCP
- Service coordinator sends copy of IFSP information to PHCP

Recommendations:

The Executive Committee suggested that each Recommendation be prefaced with “ISHC recommends that”.

IC 1: Needs to be reworked – committee to get back to this

Clarify that documentation (evidence) of interagency planning and collaboration will be obtained using the various data collection activities taking place during Site Monitoring Visits with staff, community members and parents to identify best practice and most effective interagency collaboration child find and outreach strategies for use in technical assistance and training.

IC2: Revised

ISHC recommends that the required component of IFSP include the Health Status as defined in the regulations CCR5200B. **(Check code in regulations blue book)** Wording should be changed from *may* to *shall* in the regulations.

Note: Monitoring of above (TTA) **becomes each part of the recommendations – Gretchen to check on this.**

IC 3: Needs to be reworked – committee to get back to this

In order to identify actual referral rates from all possible sources and implement outreach strategies to under referring agencies, standardize intake procedures to assure that actual source of referral is documented accurately for all initial contacts in addition to referral sources of eligible infants and toddlers coded on the ES Reporting Form or California Special Education Management Information Systems CASEMIS.

*Change include to record

IC 4: Revised

ISHC recommends that DDS collaborate with other agencies and professional organizations to ensure health professional participation in Early Start such as trainings and materials. Regional centers need to clarify to PHCP what information is needed for IFSP (and the time frame). Recommend service coordinator training on interaction with PHCP community.

- DDS to come up with a 5year plan to for implementation
- Includes trainings and dissemination of materials for the American Academy of Pediatrics (AAP) and American Academy of Family Practice (AAFP).

IC 5: Revised

ISHC recommends that DDS insert information related to strengthening the role of the health care professional in the development of the IFSP into all appropriate and specifically health provider brochures.

- Identification of the PHCP on all IFSPs
- Dissemination of the IFSPs to the PHCP
- Invite PHCPs to IFSP meetings and have them provide their input

Additional Recommendations:

IC-6:

ISHC recommends that MOUs include defined elements (e.g. interagency, meeting, examples of practice with annual review).

IC 7:

ISHC recommends that monitored visits would record every IFSP meeting, the primary provider would be identified, and show that PHCP was invited and the IFSP would be disseminated to that PHCP.

Arleen and Gretchen will work with Peter Guerrero to finalize the rewording of these recommendations and ready document for submission to DDS during the week of May 23, 2005.

7. ADJOURNMENT: The committee adjourned at 5:00 PM